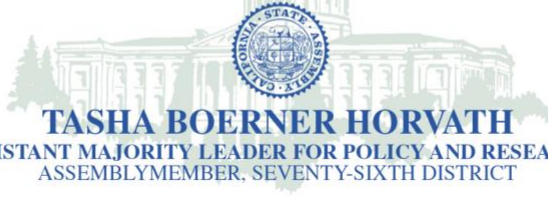


STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0076
(916) 319-2076
FAX (916) 319-2176

DISTRICT OFFICE
325 CARLSBAD VILLAGE DRIVE SUITE A-2
CARLSBAD, CA 92008
(760) 434-7605
FAX (760) 434-7610

Assembly California Legislature



COMMITTEES
COMMUNICATIONS AND CONVEYANCE
JOBS, ECONOMIC DEVELOPMENT,
AND THE ECONOMY
LOCAL GOVERNMENT
AGING AND LONG-TERM CARE
MILITARY AND VETERAN AFFAIRS

SELECT COMMITTEES
CHAIR: SEA LEVEL RISE AND THE
CALIFORNIA ECONOMY

TASHA BOERNER HORVATH
ASSISTANT MAJORITY LEADER FOR POLICY AND RESEARCH
ASSEMBLYMEMBER, SEVENTY-SIXTH DISTRICT

North County Young Women's Empowerment Network Submission Form

The North County Young Women's Empowerment Network provides young women in the 76th Assembly District the opportunity to learn, train, and lend their voices to a variety of local issues. The network will help young women improve their leadership skills, expand their knowledge on how state government works, and offer volunteer internships and training workshops to those who are interested in applying their new skills.

All applicants must be 18-25 years old and reside in the 76th Assembly District: Encinitas, Carlsbad, Oceanside, Vista, and Camp Pendleton. Please provide a one-page personal statement on your personal contributions, work or volunteerism in the community, and how you have positively impacted your community. If you are nominating someone, please attach a published article, press release, newsletter, website, or other statement that your nominee's achievements, contributions, and volunteer efforts. Deadline to submit is May 31, 2021 by 5:00 pm. Please email your application and personal statement to: Katie.Baldewin@asm.ca.gov.

Self-Nomination: Please fill out this form if you would like to be considered for selection to this new network.

Full Name: _____ Date of Birth (MM/DD/YY) _____

School Attending _____

Phone: (____) _____ Email: _____

Residential Address: _____

City: _____ State: _____ Zip Code _____

To nominate a Young Woman Leader for consideration, please complete the portion below.

Nominee's Name: _____ Date of Birth (MM/DD/YY) _____

Phone: (____) _____ Email: _____

Residential Address: _____

City: _____ State: _____ Zip Code _____

Your Name: _____ Relationship to Nominee: _____

Phone: (____) _____ Email: _____

Residential Address: _____

City: _____ State: _____ Zip Code _____